



CHELAN-DOUGLAS HEALTH DISTRICT

200 Valley Mall Parkway, East Wenatchee, WA 98802

Personal Health: 509/886-6400 • FAX 886-6478

Environmental Health: 509/886-6450 • FAX 886-6449

Mail: P.O.Box 429, Wenatchee, WA 98807-0429

APPLICATION FOR:

EXEMPT FOOD SERVICE ESTABLISHMENT

- (1) Permanent Food Service Establishment Exemption- Please submit this application and \$62.00.
- (2) Temporary Food Service Establishment Exemption Please submit this application and \$31.00.

FOOD SERVICE ESTABLISHMENT NAME _____

DAY PHONE # _____

OWNER NAME (Person owning the food service establishment. Person means any individual, partnership, corporation, association, or other legal entity.) _____

ESTABLISHMENT STREET ADDRESS _____ CITY/STATE/ZIP _____

MAILING ADDRESS _____ CITY/STATE/ZIP _____

OWNER BILLING ADDRESS _____ CITY/STATE/ZIP _____

INITIAL ALL OF THE FOLLOWING STATEMENTS THAT APPLY TO YOUR ESTABLISHMENT/OPERATION AND ENSURE THAT COMPLIANCE IS MET:

_____ WHOLESALE FOODS - Wholesale sales account for more than 5% (25% for bakeries) or gross sales receipts for foods you process. If so, please contact the Washington State Department of Agriculture.

_____ OWNER CHANGE -or- _____ NEW EXEMPT FOOD SERVICE ESTABLISHMENT

_____ NAME OF WATER SYSTEM _____

_____ TYPE OF WASTEWATER DISPOSAL: Sewer _____ On-site disposal _____

_____ A separate area is provided for the storage of cleaning equipment and chemicals such as detergents, pesticides, mops, etc.

_____ There are single use sanitary towels, soap, warm water, and a handwashing sink present for handwashing convenient to the area where unpackaged foods are prepared or packaged/repackaged.

_____ All refrigeration is in conformance with standards of the National Sanitation Foundation (NSF) or equivalent (exclude refrigerated walk-ins, freezers, and temporary food service establishments).

Please attach specification sheets or the dimensions/make/model of all refrigeration units.

_____ There are readily accessible and available toilet facilities within 200 feet of the food service establishment.

_____ Food is commercially packaged, remains in the unopened original package, and is from an approved source.

_____ Food is packaged/repackaged at the establishment to be sold/distributed at another location. If so, each food is labeled with a label that includes: (a) The common name of the food; (b) All ingredients, including food additives, in descending order of predominance; (c) The name, city, state, and zip code of the manufacturer; and (d) A packaging date code, when required by law.

Please attach sample of the label(s) with this application.

_____ Food service establishment is readily moveable or "mobile."

Circle the months or partial months you provide or prepare food/beverages:

Jan. Feb. Mar. Apr. May Jun. Jul. Aug. Sep. Oct. Nov. Dec.

Circle the days of the week you provide or prepare food/beverages:

Monday Tuesday Wednesday Thursday Friday Saturday Sunday

What time do you open each day? M____ TU____ W____ TH____ F____ SA____ SU____

What time do you close each day? M____ TU____ W____ TH____ F____ SA____ SU____

(Seasonal operations that operate on an irregular schedule must provide this office with a schedule prior to opening for the season. The exemption will be sent to you once the schedule is received, reviewed, and approved by this office.)

MENU / LIST OF FOODS: LIST ALL POTENTIALLY HAZARDOUS FOODS (INCLUDING BEVERAGES & ICE) AND ALL FOODS OR BEVERAGES THAT ARE REPACKAGED AT THE ESTABLISHMENT FOR SALE/SERVICE TO THE PUBLIC. ATTACH ADDITIONAL SHEETS IF NECESSARY.

POTENTIALLY HAZARDOUS FOODS FOR SALE/SERVICE or FOODS/BEVERAGES THAT ARE REPACKAGED AT THE ESTABLISHMENT FOR THE CONSUMER. PLEASE INCLUDE ICE.	SOURCE (NAME OF COMMERCIAL PROCESSOR)	WILL YOU INDIVIDUALLY PACKAGE/REPACKAGE THE FOOD ITEM(S) BEFORE SERVICE? IF SO, IN WHAT TYPE OF CONTAINER(S)?
Example: Ice Cream Bar	Delightful Ice Cream	No
Example: Bagged Ice	Arctic Ice Distribution	No
Example: Fruit Juice from Concentrate	Fresh Juices Inc.	Yes / Individual paper cup with lid

In accordance with the provisions of all applicable health ordinances, and rules and regulations, I hereby apply for an exemption to operate a food service establishment. I understand:

- 1. Exemptions expire March 31.
- 2. My food service must meet the requirements of the Chelan-Douglas Sanitary Code and WAC 246-215 - Rules and Regulations of the State Board of Health for Food Service. (Copies are available on request.)
- 3. Exemptions are valid only for the information and food items listed on this application. Exemptions are valid only for the designated owner and establishment street address. Exemptions are not transferable.
- 4. The applicant is responsible for completion of the exemption renewal and notifying the Chelan-Douglas Health District of all changes in the food service establishment mailing address, billing address, and/or phone number.

Printed name of person signing

Title

Signature of owner or authorized individual

Date

Mail or bring the completed application, menu, and payment to:

**Chelan-Douglas Health District
Environmental Health Division
200 Valley Mall Parkway
East Wenatchee, WA 98802**

For further information call: 509-886-6450

ANNUAL EXEMPTION RENEWAL FEE

Exemptions expire March 31 of the current year. Renewal notices are mailed approximately 30 days before expiration. Renewal fees are:

Permanent Food Service Establishment \$52.00
Temporary Food Service Establishment \$26.00

DO NOT WRITE BELOW THIS LINE

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ID#_____ Action_____ Feeclass_____ Sanitarian_____ Area_____ Area Code_____
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